Ryan White HIV/AIDS Program Part C Early Intervention Services Program:
Limited Existing Geographic Service Areas
Pre-Application Technical Assistance Webinar
HRSA-25-052
Assistance Listing Number: 93.918
October 17, 2024

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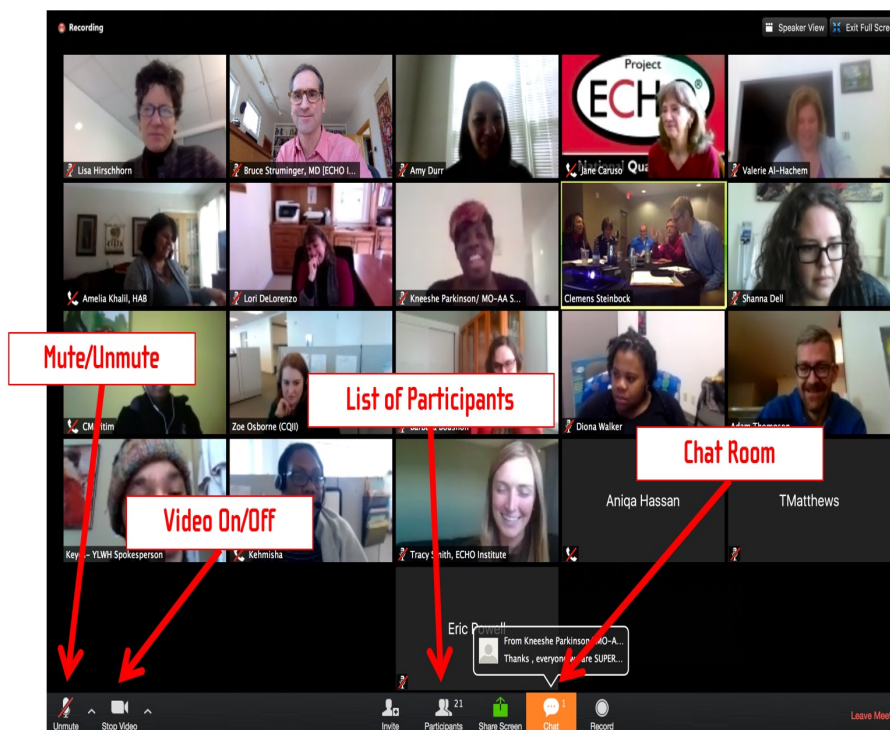**HIV/AIDS Bureau (HAB)**

Vision: Healthy Communities, Healthy People

Zoom Platform

Virtual Etiquette

- Pair your phone with your computer—to reduce bandwidth.

- If you want to ask a questions during the webinar, please submit them to the Ask DCHAP inbox – PARTCEIS@hrsa.gov.

Agenda

- HIV/AIDS Bureau (HAB) Vision and Mission/DCHAP Mission and Core Values

- Purpose of Funding Opportunity

- Award Information

- Eligibility Information

- Application and Submission Information

- Program Requirements and Expectations

- Application Review Information

- Award Administration Information

- Application Submission Tips

- Question and Answer

Acronyms

CQM – Clinical Quality Management

DUNS – Data Universal Numbering System

EHB – Electronic Handbooks

HAB – HIV/AIDS Bureau

GMS – Grants Management Specialist

MOE – Maintenance of Effort

NOFO – Notice of Funding Opportunity

PCN – Policy Clarification Notice

PO – Project Officer

RWHAP – Ryan White HIV/AIDS Program

SAM – System for Award Management

HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

DCHAP Mission and Core Values

Mission

Provide Leadership and resources to assure access to and retention in high quality, comprehensive HIV care and treatment services for vulnerable people with HIV/AIDS, their families, and providers within our nation's communities.

Core Values

Communication · Integrity · Professionalism · Accountability · Consistency · Respect

Purpose

- This notice announces the opportunity to apply for funding under Ryan White HIV/AIDS Part C Early Intervention Services (EIS) Program: Limited Existing Geographic Service Areas.

- The purpose of this program is to provide comprehensive primary health care and support services in an outpatient setting for low-income people with HIV.

- RWHAP Part C EIS recipients must provide comprehensive primary health care and support services throughout the entire designated geographic service areas listed in **Appendix C**.

Award Information

- We estimate approximately $3,102,000 to be available annually to fund the total amount of all service areas listed in **Appendix C**.

- Applicants may apply up to the published ceiling amount in **Appendix C** per year.

- This program announcement is subject to the appropriation of funds.

- The funding announcement has two (2) periods of performance start dates depending on the existing service areas listed in **Appendix C**.

Eligibility Information

This competition is open to current recipients and new eligible applicants in the service areas as described in <u>Appendix C</u> , or if your organization is one of the following types:

- Federally-qualified health centers under section 1905(1)(2)(B) of the Social Security Act;

- Grant recipients under section 1001 of the PHS Act (regarding family planning) other than States;

- Comprehensive hemophilia diagnostic and treatment centers;

- Rural health clinics;

- Health facilities operated by or pursuant to a contract with the Indian Health Service;

- Community-based organizations, clinics, hospitals, and other health facilities that provide early intervention services to people who contracted HIV through intravenous drug use; or

- Nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV, including faith-based and community-based organizations.

- Native American tribal governments and organizations are eligible.

HRSA-25-052 Overview

- Funding opportunity is open to current RWHAP Part C EIS recipients and new applicant organizations.

- Competing continuation application type applies to:
  - Current RWHAP Part C EIS recipients applying to continue to provide services in their current service area.

- New application type applies to:
  - Current RWHAP Part C EIS recipients applying to provide services in a new service area listed in Appendix C.
  - New organizations applying to provide services in a service area listed in Appendix C.

- REMEMBER: Applicants **may** submit multiple applications under the same Unique Entity Identifier (UEI), if each proposes a different service area. If you are applying for more than one service area listed in Appendix C, you must submit a separate application for each service area under the correct funding opportunity number. Each application must address the entire service area, as defined in Appendix C.

Please refer to pages i-ii, 7-8 and the Appendix C of the NOFO

HRSA-25-052 Overview

- The period of performance is three years.

- Under this NOFO there are two different period of performance start dates.

- You <u>must</u> apply under the project start date that corresponds with the service area listed in Appendix C.

Project/Budget Start Date	Period of Performance
April 1, 2025	April 1, 2025 through March 31, 2028
May 1, 2025	May 1, 2025 through April 30, 2028

Please refer to pages ii and the Appendix C of the NOFO

HRSA-25-052 Overview

- Funding requests may not exceed the published ceiling amount, per year, as indicated in Appendix C.

- Each application must address the entire service area, as defined in Appendix C.

- Deadline for all applications, regardless of the project period start date is December 10, 2024, in Grants.gov

Application and Submission Information

Address to Request Application Package:

We *require* you to apply online through Grants.gov. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

Select "Subscribe" and enter your email address for HRSA-25-052 to receive emails about changes, clarifications, or instances where we republish the NOFO. You are responsible for reviewing all information that relates to this NOFO.

Submit your information as the Application Guide and this program-specific NOFO state.

Program Requirements and Expectations

Clinical Requirements:

- HIV Counseling, Testing, and Referral (CTR)
- Medical Care Evaluation and Clinical Care
- Clinical Guidelines
- Referral Systems
- Linkage to Clinical Trials
- Clinical Quality Management (CQM)
- Coordination/Linkages to Other Programs
- Medicaid Provider Status
- Clinic Licensure

Please refer to pages 9 to 12 of the NOFO

Program Requirements and Expectations

Administrative/Fiscal Requirements:

- Involvement by People with Lived Experience
- Imposition of Charges for Services
  - Annual Cap on Charges
- Payor of Last Resort
- Information Systems
- Service Availability
- Subawarded Services
- Medication Discounts
- Program Income
- Other Financial Issues

Please refer to pages 12 to 15 of the NOFO

Payor of Last Resort

- RWHAP is the payor of last resort.

  - *With the exception of programs administered by, or providing, the services of the Indian Health Service.*

- RWHAP Part C funds may not be used for a service if a payment has been made, or can reasonably be expected to be made, by a third-party payor.

- RWHAP client eligibility determination and recertification requirements must be in accordance with HAB PCN 21-02.

- RWHAP Part C funds cannot be used to supplement the maximum cost allowance for services reimbursed by third party payments such as Medicaid, Medicare, or other insurance programs.

Funding Level Considerations

- [Appendix C](#) describes the ceiling amount for each service area.

- Applicants can request a funding level that is less than the listed amount in light of their history of expending Part C funds and availability of other resources.

- Current RWHAP Part C recipients are encouraged to assess their history of expending Part C funds and to examine all resources available, including program income generated as a result of the RWHAP Part C award, when they consider the funding level for which to apply.

- HRSA reserves the right to reduce the amount requested based on a history of current RWHAP Part C recipient's unobligated balances.

RWHAP Part C Funding Methodology: Summary

- We determine funding levels in the RWHAP Part C EIS program using a methodology to ensure funds are awarded across service areas based on the following objective RWHAP data:

  - the number and current demographics of clients served,
  - HIV-related health disparities, and
  - the number of uninsured clients

- The RWHAP Part C funding methodology uses quantitative data primarily from the RSR to allocate funds to service areas in a more streamlined and consistent manner, achieving a reasonable and sustainable allocation of resources to improve health outcomes for people with HIV.

- Funding ceiling amounts per service area in Appendix C were determined using the funding methodology. Existing service areas will be kept intact, as described in this NOFO.

- RWHAP Part C EIS awards will continue to fund direct, comprehensive primary health care, and support services in an outpatient setting for people with HIV.

Please refer to pages 5 and 6 of the NOFO

RWHAP Part C Funding Methodology: Recap

The RWHAP Part C funding methodology includes the following proportions and objective factors:

70% of funding	• **Base funding:** minimum award amount of $100,000 per service area augmented by an amount corresponding to the number of eligible Part C clients served in that area as reported through the 2021 RSR
30% of funding	• **Demographics:** as reported through the 2021 RSR, limited to the service service area's proportion of populations disproportionately impacted by the HIV epidemic with significant disparities in health outcomes and, • **Presence of RWHAP Part A resources:** RWHAP Part C service areas outside of RHWAP Part A jurisdictions receive additional funding.

Please refer to page 6 of the NOFO

Program-Specific Instructions

Applicants must include the following:

- Project Abstract (uploaded in box 15 of the SF-424)
- Project Narrative (uploaded to the Project Narrative Attachment Form)
- SF-424 Application for Federal Assistance
- SF-424A Budget
- Budget Narrative (uploaded to the Budget Narrative Attachment Form)
- Project/Performance Site Location Form
- Attachments (Section IV 2. vi. of NOFO)
- Grants.gov Lobbying Form
- Key Contacts

Project Abstract

In addition to the requirements listed in the Application Guide, please include the following in this order:

- General overview of the HIV epidemiology in the entire designated service area selected (specify the entire service area, as listed in Appendix C);

- Description of the key services to be supported by this request, the amount requested, and the target populations (including sub-populations) to be served.

*__Note__: Abstract must be single-spaced, no more than one page, 4,000 characters or less.

Project Narrative

Section Headers:

- Introduction
- Organizational Information
- Need
- Approach
- Work Plan
- Resolution of Challenges
- Evaluation and Technical Support Capacity

Please refer to pages 15 to 25 of the NOFO

Project Narrative - Introduction

Applicants must identify the entire service area you plan to serve, as designated in Appendix C, and provide the following information:

- Your organization's experience in providing comprehensive, outpatient primary health care and support services to people with HIV;

- Your organization's experience with the administration of federal funds;

- A brief description of people with HIV in the designated service area (i.e., your target population, inclusive of any subpopulations); and

- How your organization will utilize RWHAP Part C funds to support the HIV care continuum in your service area.

Project Narrative - Introduction

New applicant for a given service area must:

- Identify the recipient (listed in Appendix C) that you intend to replace;
- Demonstrate that you have the readiness, including the infrastructure in place to serve the existing clients of the current recipient;
- Describe a transition strategy for existing clients that minimizes disruption and maintains service continuity;
- Provide at least the same scope of services as the current recipient; and
- Provide services throughout the entire service area, as listed in Appendix C.

Reminder: If you are applying for more than one service area listed in Appendix C, you must submit a separate application for each service area. Each application must address the entire service area listed in Appendix C.

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Project Narrative - Organizational Information

In this section, describe your organization's capacity and expertise to provide HIV outpatient primary health care and support services by detailing your administrative, fiscal, and clinical operations. At a minimum, include:

- Mission and Vision

- Structure of your organization

- Organization's experience providing core medical and support services

- Systems to ensure staff training/education (ex: HHS Guidelines)

- Fiscal management of grants and contracts

- Documentation of sub-awards

- RWHAP eligibility assessment

- Collecting, tracking, and using program income

- 340B Drug Pricing Program participation

Please refer to pages 16 to 17 of the NOFO

Project Narrative - Need

The purpose of this section is to use quantifiable data to demonstrate the burden of the HIV epidemic in the designated service area and the need for RWHAP Part C funding to meet the outpatient primary health care and support service needs of the target population(s), particularly in relation to identified gaps and challenges in the HIV care continuum.

There are two (2) required components of the need assessment section:

(1)   Target populations currently being served by your organization; and

(2)   The local HIV service delivery system and any recent changes.

Project Narrative - Approach

Utilizing the section headings provided below, describe the proposed outpatient core medical and support services you will provide to address the unmet needs/service gaps/barriers identified in your needs assessment section.

The Approach section headings are:

(1) HIV Care Continuum Services
(2) Core Medical Services
(3) Support Services
(4) Referral System
(5) Health Care Coverage, Benefit Coordination and Third-Party Reimbursement
(6) Coordination and Linkages with other HIV Programs

Project Narrative - Approach

(1) <u>HIV Care Continuum Services</u>

A) HIV-Diagnosed

B) Linkage to Care

C) Retention in Care

D) Antiretroviral Use and Viral Suppression

Project Narrative - Approach

(2) Core Medical Services

- Core medical services your organization will provide

- Strategies used to engage your clients

- Provision of risk reduction counseling

- Gaps and barriers to accessing core medical services

- Availability of ADAP or other pharmacy assistance programs

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Project Narrative - Approach

(3) Support Services

- Support services to be provided

(4) Referral System and Care Coordination

- How referrals are assessed, provided, and tracked
- Strategies to improve care transitions
- Coordination of HIV care for pregnant women living with HIV during perinatal and post-partum periods, as well as services for their exposed infants

Project Narrative - Approach

(5) Health Care Coverage, Benefit Coordination and Third-Party Reimbursement

- Processes to ensure clients are informed, enrolled and assessed
- Eligibility assessments for different forms of health coverage options
- How clients are educated about any out-of-pocket costs
- Procedures for managing and tracking program income

Project Narrative - Approach

(6)   Coordination and Linkages with Other HIV Programs

Participation, coordination and/or linkages with the following publicly funded HIV care and prevention programs in your service area:

- RWHAP Part A
- RWHAP Part B
- Other RWHAP Providers
- Other Federally Funded Services

Project Narrative - Work Plan

A work plan is a concise, easy-to-read overview of your goals, strategies, objectives, activities, timeline, and those responsible for making the program happen. It should include measurable objectives for core medical and support services as defined by HAB Policy Clarification Notice PCN 16-02.

Four Areas of the Work Plan:

(1) HIV Testing and Counseling (HIV Diagnosed)

(2) Access to Care (Linkage)

(3) Core Medical and Support Services (Retention in Care)

(4) Antiretroviral Use and Viral Suppression

Project Narrative: Work Plan

(1) <u>HIV Testing and Counseling – HIV Diagnosed</u>

- Projected number of persons who will receive targeted testing and counseling services

- Projected number of persons who will have a confirmatory positive HIV test result

(2) <u>Access to Care – Linkage to Care</u>

- Projected number of newly diagnosed who will enroll in care within one month of HIV diagnosis

- Individuals lost to care who will re-enroll within one month of contact or re-engagement

Please refer to page 23 of the NOFO

Project Narrative: Work Plan

(3) <u>Retention in Care – Core Medical and Support Services</u>

- Projected number of people with HIV who will receive core medical services *(Please only list each service to be supported with RWHAP Part C funds)*

- Projected number of people with HIV who will receive support services *(Please only list each service to be supported with RWHAP Part C funds)*

(4) <u>Antiretroviral Use and Viral Suppression</u>
(Specify the numerator, denominator, and percent)

- Projected percent of people with HIV who will receive ART
- Projected percent of people with HIV who will be virally suppressed

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Project Narrative - Resolution of Challenges

Describe the approaches used to resolve the challenges and barriers identified throughout the RWHAP Part C proposed project.

(1) <u>Challenges and Resolutions</u>

- Describe the approaches you will use to resolve the challenges and barriers.

(2) <u>Transition Plan</u> (for new applicants only), describe:

- How your organization will improve services
- Your detailed transition plan for transfer of current patients and the scope of services
- How the activities, time frames, and efforts to coordinate the transition of services will be conducted

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Project Narrative - Evaluation & Technical Support Capacity

(1) CQM Program Infrastructure

- Staff FTEs assigned to CQM and stakeholder involvement

(2) CQM Performance Measures

- Data collection plan and process for performance measurement, reporting/disseminating results, and analysis of disparities in care

(3) Continuous Quality Improvement (CQI)

- CQI methodology to identify priorities and planned quality improvement projects
- Describe planned quality improvement activities

(4) Information Systems

- Information system to track health care service data focusing on the Ryan White Services Report (RSR)

Please refer to pages 24 to 25 of the NOFO

RWHAP Part C Budget Requirements

Allowable Cost Categories:

(1)   Early Intervention Services (EIS) Costs

(2)   Core Medical Services Costs

(3)   Support Services Costs

(4)   CQM Costs

(5)   Administrative Costs

Applicants should review PCN 16-02 for allowable uses of RWHAP funds.

RWHAP Part C Budget Requirements

- At least **50 percent** of the total grant funds must be spent on Part C EIS (except HIV counseling, referrals, and linkage to care).

- At least **75 percent** of the award (minus amounts for administrative costs, planning/evaluation, and clinical quality management) must be used to provide core medical services.

- Not more than **10 percent** of the total RWHAP Part C grant amount can be spent on administrative costs.

- Clinical quality management must be kept to a reasonable level.

Understanding RWHAP Part C EIS Cost Categories

Part C Early Intervention Services (EIS) *Requires* **the provision of 5 Services:**

- High risk targeted HIV testing

- Other clinical and diagnostic services regarding HIV, and periodic medical evaluations

- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV (pharmaceuticals/medications)

- Counseling individuals with respect to HIV – but excluded from 50% EIS calculation

- Referrals and linkage to care – but excluded from 50% EIS calculation

*Note: Recipients must provide these 5 services *directly* or *through contracts, MOUs, or referrals*

Funding Restrictions

In addition to the general restrictions included in Section 4.1.iv of the Application Guide , funds may not be used for the following:

- Funding restrictions included in PCN 16-02
- Charges that are billable to third-party payors
- Payments for clinical research
- Payments for nursing home care
- Cash payments to intended recipients of RWHAP services
- Purchase or improvement of land
- Purchase, construction or major alterations/renovations on any building or other facility
- PrEP or nPEP medications or medical services. RWHAP Part C recipients and sub-recipients may provide prevention counseling and information.
- Purchase of sterile needles or syringes for the purposes of injecting illegal drugs. Development of materials designed to promote or encourage, directly, intravenous drug use or sexual activity
- Research
- Foreign travel

Please refer to pages 34 to 35 of the NOFO

Budget Requirements

Budget information consists of <u>three</u> parts:

(1) SF-424A Budget Information for Non-Construction Programs (included in the application package)

(2) Program-specific line-item budget; <u>Attachment 5</u>

(3) Budget justification narrative

Budget Requirements: SF-424A

View Burden Statement	BUDGET INFORMATION - Non-Construction Programs					OMB Number: 4040-0006 Expiration Date: 01/31/2019
	SECTION A - BUDGET SUMMARY					
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		$	$	$	$	$
2.						
3.						
4.						

Budget Requirements: SF-424A

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	$	$	$	$	$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					$
j. Indirect Charges					$
k. TOTALS (sum of 6i and 6j)	$	$	$	$	$
7. Program Income	$	$	$	$	$

Budget Requirements: SF-424A

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	$	$	$	$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$	$	$	$

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$	$	$	$	$
14. Non-Federal	$				
15. TOTAL (sum of lines 13 and 14)	$	$	$	$	$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16.	$	$	$	$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$	$	$	$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

Program-Specific Line-Item Budget

- Submit a separate line-item budget <u>for each year of the three-year period of performance.</u>

- Allocations must relate to proposed activities in your project narrative and be consistent with your work plan.

- Amount requested for each year must not exceed total award for the service area, as listed in <u>Appendix C</u>.

- Total amount requested on SF-424A and the line-item budget must match.

- List personnel separately by position title and name or note if the position is vacant.

Program-Specific Line-Item Budget

- Submit line-item budgets as Attachment 5.
- Convert or scan budgets into PDF format for submission.
- Do not submit Excel spreadsheets.
- Submit line-item budgets in table format.

List program cost categories across the top:

- EIS, Core Medical Services, Support Services, CQM, and Administrative (including planning/evaluation)
- List object class categories in a column down left-hand side:
  - Personnel, Fringe Benefits, Travel, etc.

Salary Limitation

Please note that effective January 2024, the salary rate limitation applicable to RWHAP domestic grants and cooperative agreements increased to **$221,900**.

- The Consolidated Appropriations Act, 2024 (P.L. 118-47), applies. "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

- As a reminder, RWHAP funds and program income generated by RWHAP awards may not be used to pay salaries in excess of the rate limitation.

Salary Rate Limitation Example

- Individual's full-time salary: **$255,000**.

50% of time will be devoted to the project	
Direct salary	$127,500
Fringe (25% of salary)	$31,875
Total amount	**$159,375**

- Amount that may be claimed on the federal RWHAP award due to the legislative salary limitation: Individual's base full-time salary *adjusted* to Executive Level II: **$221,900**.

50% of time will be devoted to the project	
Direct salary	$110,950
Fringe (25% of salary)	$27,737
Total amount	**$138,687**

Please refer to pages 13 and 14 of the Application Guide

Program-Specific Budget Narrative

- Must explain amounts requested for each line in the budget.

- Subsequent budget years should only highlight changes from year one or indicate no substantive changes.

- Must be clear and concise.

- For each object class category (Personnel, Fringe Benefits, etc.), the narrative must be divided according to the five Cost Categories (EIS, Core Medical Services, Support Services, CQM and Administrative).

Program-Specific Budget Narrative

Travel

- List travel costs according to local and long-distance travel
- Local travel
  - List the mileage rate, number of miles, reason for travel and staff member or people with HIV completing the travel
  - Clinical staff traveling to provide care: EIS/Core Medical Services
  - Patient transportation: Support Services
  - Staff travel to CQM related training/conferences: CQM category

Contractual

- All RWHAP Part C legislative requirements and program expectations apply to subrecipients.
- Recipients are required to monitor all subrecipients.

Attachments

List of Attachments can be found in Section V. of the NOFO

- Upload attachments in the order specified to the Attachments Form in the application package.

- Label each attachment clearly.

- Unless otherwise noted, attachments count toward the page limit.

Attachment 4: Funding Preferences

Submission of Attachment 4 is <u>now required</u>

What is the Funding Preference for the RWHAP Part C EIS program?

- This program provides a funding preference for some applicants as authorized by section 2653 of the PHS Act.

- Applicants receiving preference will be placed in a more competitive position among applications that can be funded.

- Applications that do not receive a funding preference will receive full and equitable consideration during the review process.

- Funding preference will be granted to any qualified applicant that justifies their qualification for the funding preference by demonstrating that they meet the criteria for preference(s).

Please refer to pages 30 and 38 to 40 of the NOFO

Attachment 4: Funding Preferences

- There are three available funding preferences:

  - *Qualification 1: Increased Burden*

  - *Qualification 2: Rural Areas*

  - *Qualification 3: Underserved Populations*

- ***If you qualify for preference under Qualification 1, you can receive an additional funding preference if you provide EIS in areas that are under Qualifications 2 and 3.***

- HRSA staff will review the information submitted by applicants to determine whether an application qualifies for a funding preference. However, receipt of a funding preference is not a guarantee of funding.

- To be considered for funding preference, applicants <u>must</u> include the requested information in <u>Attachment 4</u> as a narrative justification.

Please refer to pages 30 and 38 to 40 of the NOFO

Qualification 1: Increased Burden

You can receive a funding preference if you are experiencing an increased burden in providing HIV services, an applicant must provide information on **all** the following factors:

- Number of cases of HIV;

- Rate of increase of HIV cases;

- Lack of availability of early intervention services;

- Number and rate of increase of cases of sexually transmitted infections, tuberculosis, substance use disorder, and co-infection with hepatitis B or C;

- Lack of availability of primary health care providers other than the applicant;

- Distance between the applicant's service area and the nearest community that has an adequate level of availability of appropriate HIV-related services, and the length of time required for patients to travel that distance.

The relevant period for qualifying for this preference is the two-year period preceding the fiscal year for which you are applying to receive the grant.

If your organization has not experienced an increased burden in providing HIV services, you can indicate "Not applicable" on Attachment 4.

Please refer to page 39 of the NOFO

Qualification 2: Rural Areas

If you qualify for preference under Qualification 1, you can receive an additional funding preference if you provide EIS in rural areas.

- RWHAP recipients are defined as rural if their service area (in part or in whole) or main organizational address is in a HRSA FORHP-designated rural area.

- For more information about what defines a rural area, visit FORHP's website at https://www.hrsa.gov/rural-health/about-us/definition/index.html.

- To determine if your proposed service area or main organizational address serves a rural area(s) please enter your location information in HRSA's Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health.

- If your proposed service area (either in part or in whole) or main organizational address is defined as rural by FORHP's Rural Health Analyzer, *print out a screenshot of the result and include the printout as supporting documentation in .pdf format as Attachment 4*.

- If your organization is not applying to provide services in a rural area, you can indicate "Not applicable" on Attachment 4.

Qualification 3: Underserved Populations

- If you qualify for preference under Qualification 1, you may request an additional funding preference if you provide EIS in areas that are underserved with respect to EIS.

- Applicants requesting a funding preference based on an underserved qualification must demonstrate that the area has gaps in the provision of EIS for people with HIV.

- Underserved populations include communities and subpopulations that do not have access to adequate HIV primary care services, as defined by HAB PCN 16-02.

- You must define and document these gaps and may include inadequate and/or unavailable services or services that do not sufficiently target particular segments of any community.

- If your organization is not providing HIV primary care services to underserved populations, you can indicate "Not applicable" on Attachment 4.

Attachment 9 - Maintenance of Effort (MOE)

You must agree to maintain non-federal expenditures for Early Intervention Services (EIS) at a level equal to or greater than your total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline.

Costs associated with EIS include:

- Counseling of individuals with respect to HIV

- Targeted HIV testing

- Referral and linkage to care

- Other clinical and diagnostic services related to HIV diagnosis, and periodic medical evaluations of people with HIV

- Therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

Please refer to pages 7 and 31 of the NOFO

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Attachment 9 - Maintenance of Effort (MOE)

NON-FEDERAL EXPENDITURES

Applicant's FY Prior to Application (Actual) Actual prior FY non-federal funds expended for early intervention services proposed in this application. Amount: $_____	Applicant's current FY of Application (Estimated) Estimated current FY non-federal funds designated for early intervention services proposed in this application. Amount: $_____

New Appendix A: Page Limit Worksheet

- This worksheet is for you, the applicant

- Do not submit this document as part of your application

- The purpose of Appendix A is to help you verify the number of pages that count toward the page limit, so your application does not exceed **80 pages**

- Attachments 1 through 4 <u>do not</u> count toward the page limit

- All other attachments are counted

- *Those applications that exceed the 80-page limit (e.g., pages 81 and up) will be redacted and cannot be viewed by HRSA staff nor the objective reviewers that review and score your application*

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Application Review Information

- HRSA's Division of Independent Review (DIR) is responsible for managing the objective and independent application review performed by a committee of qualified experts.

- Applications will be reviewed and rated based on the review criteria in Section V of the NOFO *if* they:

  - are submitted by the published deadline;

  - do not exceed the page limit;

  - do not request more than the ceiling amount, and

  - pass the initial HRSA eligibility and completeness screening.

- The competitive objective review process is based solely on the merits of your application. It is critical that you paint a clear picture of your proposed project and the capabilities that your organization brings to the work.

Application Review Information

Review Criteria are used to review and rank applications. For this opportunity, there are 6 review criteria:

Criteria	Points
Criterion 1: Need	12
Criterion 2: Response	30
Criterion 3: Evaluative Measures	16
Criterion 4: Impact	10
Criterion 5: Resources/Capabilities	27
Criterion 6: Support Requested	5
Total Points	**100**

Please refer to pages 35 to 38 of the NOFO

Narrative Guidance: Review Criteria Crosswalk

Narrative Section	Review Criteria
Introduction	(1) Need
Organizational Information	(5) Resources/Capabilities
Need	(1) Need
Approach	(2) Response
Work Plan	(4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

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Application Package: Where is it?

- Located at www.grants.gov
  - Search by opportunity number or CFDA that corresponds to the project period start date for the service area.
  - You must apply under the project period start date that corresponds with the service area listed in Appendix C.

Project (Budget) Start Date	Period of Performance
April 1, 2025	April 1, 2025 through March 31, 2028
May 1, 2025	May 1, 2025 through April 30, 2028

- The Application Guide is available at https://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf or click the links in the NOFO
- Grants.gov "Workspace" instructional information and videos are available online at https://www.grants.gov/web/grants/applicants/workspace-overview.html

Application Submission Tips

- Read the NOFO and the [Application Guide](#) carefully and follow instructions.

- Include your agency name and the name of this program on all pages (RWHAP Part C EIS Program).

- Refer to section 4.7 of the [Application Guide](#) for additional Tips for Writing a Strong Application.

- Apply early; do not wait until the last minute in case you run into challenges!

- Make sure the person who can submit for your organization will be available.

- Ensure SAM.gov and Grants.gov registration and passwords are current immediately!

Have all your PIN numbers and passwords handy!

Grants.gov Contact Information

- When to contact Grants.gov Helpdesk
  - Error messages
  - Other technical issues
  - Application did NOT transmit to HRSA
  - If you have any submission problems, please contact Grants.gov immediately!
- Grants.gov Contact Center (24/7 except Federal holidays):
  - 1-800-518-4726, or
  - support@grants.gov, or
  - https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Four E-mails from Grants.gov

Submission Type	E-mail	Subject	Time Frame	Sent By	Recipient
Competing Application	1st e-mail	Submission Receipt	Within 48 hours	Grants.gov	AOR
	2nd e-mail Most Crucial	Submission Validation Receipt OR Rejected with Errors	Within 48 hours	Grants.gov	AOR
	3rd e-mail	Grantor Agency Retrieval Receipt	Within Hours of second e-mail	Grants.gov	AOR
	4th e-mail	Agency Tracking number assignment	Within 3 business days	Grants.gov	AOR

Application Guide *page 38 and 39 section 7.3.2*

Contact Information

Applicants who need additional information may contact:

Program Contact	Grants Management Contact
Hanna Endale Chief, Atlantic Branch Division of Community HIV/AIDS Programs HIV/AIDS Bureau (301) 443-1326 Email: PARTCEIS@hrsa.gov	Bria Haley Grants Management Specialist HRSA Division of Grants Management Operations, OFAM Phone: (301) 443-3778 Email: BHaley@hrsa.gov

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REMINDERS

Your application must be electronically submitted through and successfully validated on the Grants.gov website:

http://www.grants.gov/applicants/apply_for_grants.jsp

no later than

December 10, 2024, 11:59 pm ET

We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events.

Q&A - Your Questions are Welcome!

Send Questions To: PARTCEIS@hrsa.gov
Presentation Available On: TargetHIV
https://targethiv.org/

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US: